FILING DATE MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) CLAIMS AFTER AFTER 1st AMENDMENT 2nd AMENDMENT AS FILED IND. DEP. IND. DEP. IND. IND. DEP. IND. IND. DEP. a 'n Qæ aTOTAL TOTAL TOTAL DEP. TOTAL DEP. TOTAL

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